CalOMS Field Readiness
Region Meeting – November 18, 2003
Redding Meeting Notes

Attendees

The following table lists the participants in the CalOMS Field Readiness regional meeting of November 18, 2003.

County/Direct Provider/ADP	Representatives	
Butte County Alcohol and Drug Services	Mary Johnson Duane Henderson	Rick Dennis
Colusa County Substance Abuse Services	Steve Ringel	Carvin Seales, Sr.
Glenn County Health Services	Cindy Biddle	
Humboldt County Department of Mental Health	Rick Mostranski	Diane Dubow
County of Lake Health Services Department	Diane Simons	Mark Messerer
Lassen County Health and Human Services	Michael Beard	
Mendocino County Public Health Department	Phyllis Webb	Elaine Boults
Modoc County Alcohol and Drug Services	Juana Sherer	Sandra Dunn
Shasta County Mental Health Department	Barb Foss Jamie Hannigan	Candy Knouse David Reiten
Sierra County Alcohol and Drug Programs	Gunnar	Stephen Hall
Siskiyou County Behavioral Health Services	Anita ?	Mary Russell
Tehama County Health Services Agency	Rick McKay	Steven Remington
Trinity County Behavioral Health Services	Ted Klemm	Tom Antoon
Envision Database Solutions	Ed Hansen	
ADP	Jon Meltzer George Lembi	Marjorie McKisson Sally Jew
MRC	Robin Madsen Chuck Czajkowski	Arielle Ocel

Opening and Introductions

Madsen Rayner Consulting (MRC) was hired by ADP for the Field Readiness portion of the CalOMS project. MRC staff facilitated the meeting, presented information on the Field Readiness project (deliverables and timeframes), led the discussion on top issues and concerns, and clarified any questions about the field

readiness survey. ADP staff attended to present information on the CalOMS requirements, answer questions, and to listen to the issues and concerns from counties and direct providers.

Robin Madsen and Arielle Ocel noted the different venues for collecting feedback on field readiness from counties – survey, regional meetings, and follow-up conference calls.

Marjorie McKisson opened the meeting by giving background information to participants about CalOMS and highlighting the importance of counties and direct providers providing feedback to ADP via the field readiness surveys.

George Lembi added an example of how important it is to have data that can show that treatment is effective. Funds were re-directed from Dept. Corrections to ADP because ADP had data to show that treatment is effective.

Field Readiness Presentation and Questions

The presentation has two focuses: 1) an overview of the CalOMS requirements and 2) the Field Readiness project deliverables and timeframes, including expectations on county and direct provider involvement.

ADP is currently at end of the requirements phase for CalOMS and beginning the field readiness assessment. Data collection for CalOMS begins in October, 2004.

CalOMS Requirements (Treatment)

George Lembi reviewed the four major points in time for data collection: Admission, Discharge, Post Admission, and Follow-up. ADP reviewed each of the data categories (i.e. PPG, CADDS, UCI, etc.) and the 9 month follow-up sampling methodology.

CalOMS model is for counties to work with treatment providers to collect CalOMS data. Counties will send data electronically to ADP. ADP, through CalOMS, will provide data back to counties as extracts and reports.

Question (Q), Answers (A) and Comments(C):

Q: Who will do to nine month follow-ups?
A: *Ultimately, the County is responsible for obtaining the follow-up data. It is up to the individual county to decide how best to implement the data collection. This could include delegating to the providers or contracting with outside agencies.*

CalOMS Field Readiness
Region Meeting – November 18, 2003
Redding Meeting Notes

Q: Will ADP be offering help with training needs?
A: *ADP has some money for training but needs county input as to what is needed. Examples would be training in administering the ASI, collecting follow-up data and setting up for client locator. ADP allocated money and will contract to provide ASI and follow-up training.*

C: Concerns expressed on the amount and relevance of data requirements in cases where a client transfers between providers on change of level of care. Also, same concern for clients across county and state lines (e.g. service referrals into other counties).

C: The overall effort to implement CalOMS will cost a lot of money that counties don't have.

Q: What are requirements for adolescents?
A: *Adolescents are not planned to be included in CalOMS. This is a follow-up item.*

Q: Some counties previously considered utilizing the ASI but decided against it. Now, the state is making mandatory without providing funding. How are counties to fund this?
A: CalOMS is SAPT allowable expenses.

Q: Is CalOMS an unfunded mandate?
A: It is considered an already funded requirement. SAPT funds may be used to fund this effort.

Q: How are counties to bill DMC clients for time to administer the ASI?
A: This is a follow-up item. One county had DMC audit. It was found that for SACPA clients it is allowable to do an ASI. More info on this topic will be forthcoming.

Q: Which providers must report CalOMS?
A: Providers receiving public funding.

C: Concerns were expressed about the amount of staff time investment and resources that will be required.

Q: Some counties perform full ASI (e.g. Accurate Assessment – Full ASI). How will this be effected with the ASI Lite CF requirement?
A: Since ASI Lite CF is a subset of the full ASI, counties that utilize the full ASI could extract just Lite information from the full ASI.

C: Some counties are currently replacing IT systems. There are workload issues to comply with CalOMS. Modoc, Lassen and Sierra have very limited resources and will have to use expensive IT contractors.

Q: How will this be financed? This will take away from services.
A: It is up to the county to decide how this will be financed. This may include a decrease in treatment capacity.

Q: When will the data file format be finalized and be made available to counties? Some counties will need to hire IT contractors to make the date.
A: February 2004 is the estimated timeframe.

Q: Has ADP made contact with software vendors concerning the CalOMS requirements?
A: Echo attended one of ADP's CalOMS requirements meetings. Some other vendors have attended field readiness meetings, if they were invited by counties.

Q: This data is PHI (protected health information). Will transaction and code sets be in compliance per HIPAA?
A: Datasets will be HIPAA compliant.

C: Counties expressed concerns about client privacy and CalOMS data linkage plans.

Q: When will Prevention requirements be made available?
A: Prevention has its own set of outcomes. Requirements are six months behind treatment. This field readiness study deals only with the treatment requirements.

Q: Is CalOMS technology neutral?
A: Yes. The ability to send the flat file input to ADP is the only technology requirement.

Field Readiness Project

MRC reviewed Field Readiness project, deliverables and timeframes. All counties and direct providers are being surveyed. After ADP's receipt of the surveys, MRC will have a follow-up conference call to confirm and clarify any survey questions. MRC will gather feedback, analyze and compile the data into individual field readiness assessment reports, as well as an overall report. In addition to the field readiness assessment reports, MRC will develop toolkit items to be provided to counties and direct providers. Additional toolkit ideas are needed from counties. Early in 2004 MRC will work with counties and direct providers to prepare individual county plans for the implementation of CalOMS.

CalOMS Field Readiness
Region Meeting – November 18, 2003
Redding Meeting Notes

Q: Should counties make broad estimates concerning county expenses? This is difficult with limited time and resources.
A: *Make your best estimate and notate your assumptions in the survey where appropriate.*

Q: Can counties have more time on survey due to holidays?
A: *Yes, we will work with you. We want complete and accurate surveys. If surveys are not received by 12/12/2003, we cannot include them in the overall field readiness assessment report.*

Identify and Discuss top issues and concerns

The following issues were raised by meeting participants.

- High cost to both counties and providers;
- Training needs;
- Ongoing support and expense – CalTOP, for example, had an ongoing maintenance issue.
- Impact on existing treatment service delivery;
- Counties requested the reasons for ADP not helping financially with this effort.
- Counties will need to justify money to local Board of Supervisors.
- Disparity of goals – SACPA aims to maximize treatment while CalOMS will require drawing money from treatment.
- Some counties have already lost 2/3 of discretionary spending this year.
- VLF (vehicle license fee) money going away;
- Short time frame for implementation;
- Counties have hiring freezes.
- Hard for counties to get support (IT and fiscal) for CalOMS;
- Staff morale will be affected.

CalOMS Field Readiness
Region Meeting – November 18, 2003
Redding Meeting Notes

- New business processes will have to be setup. Ramp-up time is a concern.
- Communication issue – CalOMS information should be sent to all county contacts not just administrators.
- For small counties a web based "turn-key" application would be great.
- There are mixed feelings about the ASI in the field.
- Consistency of administering the ASI across counties is required to get reliable outcomes. Need for clear definitions.
- Must get usable information back into the hands of clinicians;
- The volume of data is too high. Scale of data collection impacts staffing and clients.
- DMH, AOD and HIPAA pose competing resource requirements on counties. There is a feeling of "we can't do another thing".
- Small counties – staff already doing too much multi-tasking. Feel they can't do more. Some expressed they are willing to dump their local systems in favor of a state sponsored system.
- Treatment access and wait time impact. Fewer clients or shorter treatment times will be required.
- SACPA funding will need to be reallocated.
- SRIS/SACPA – counties all collecting data differently. Clear definitions are needed at the beginning of this project to prevent this problem.
- Major undertaking – why is all the data needed at one time? An incremental implementation would be better.
- Counties don't have enough funding to operate, much less roll out new system. The timing couldn't be worse.
- Follow-up is very difficult to perform. Won't find transient population.
- What are the consequences of non-compliance? (Follow-up item)
- Will future funding be impacted by county ability to perform follow-ups? (Follow-up item)

CalOMS Field Readiness
Region Meeting – November 18, 2003
Redding Meeting Notes

- Concern with cost of licenses and other cost associated with automated ASI tools.
- Some staff are resistant to using automated tools when interviewing clients.
- Not all AOD staff are comfortable with computers.
- Therapeutic quality feeling decreases with use of computers.
- There is a business practice impact on intakes. Lassen indicates intake takes 2 hours with the client and another 2 to enter data.
- Discussion on self-administered ASI (e.g. Inflexxion). Staff has lack of trust on data collection.
- ASI value as an outcomes measure? A lot of energy to gather – is it a value? Counties would like this information from ADP. Make research available to counties. Need buy-in.
- ASI value decreases if staff training is not good. Standardized training is needed.
- Need to look at business model with implementation. Opportunities exist for process improvement. Time needed to setup quality processes rather than focus on implementation.
- Toolkit idea – video training on ASI and on follow-up.
- Current pressure from judges to increase intake and decrease waiting lists. CalOMS will make this goal extremely difficult to meet.
- Policy needed for volume of admission/intake. Twice as many assessments as intake.
- DMC billing issues with expanded intake times. Will there be an increase in max allowable amounts and/or number of sessions? (Follow-up item)
- Timing of intake interview. Concerns about client functioning and the impact on ability to do quality ASI.
- Family traits/history not in ASI-Lite as in full ASI. This is a downside of using ASI-Lite.

Q: If intake and follow-up are performed by different interviewers, will there be a bias?
A: *ASI has high inter-rater marks.*

Survey Overview

The survey is a self assessment instrument, with AOD treatment as its scope. One survey should be completed by each county and/or direct provider. MRC hopes that the survey will prompt counties to start thinking about and planning for the CalOMS implementation. Completed surveys are due to ADP on November 25, 2003 (one week after regional meeting).

Survey Discussion – Questions and Answers

Q: Should we use worse case scenario for estimates?
A: *Perform estimates based on facts as they are now or are most likely to occur.*

Q: Are admissions for unique clients.
A: *No. Use the CADDS definition.*

C: On the survey, provider counts include county administrated treatment providers and county-contracted treatment providers. These counts do not include DUI treatment providers.

C: ADP should examine length of stay for treatment statewide. Compare with follow-up requirements (9-months).

C: For small counties, a 10% sampling for follow-up may be statistically insignificant. Idea of census requirement for small counties was discussed.

Wrap-up

- Thanks to counties for their participation and input.
- Surveys are due one week from today.
- MRC will distribute meeting notes back to participants.
- Counties can call ADP field readiness number (916) 323-6651 to get access to CalTOP test environment on the web.
- January 2004 – compiled field readiness data (survey and discussion results) will be shared at the CAADPAC quarterly meeting in January 2004. Field readiness assessment results will also be shared via email and ADP's website.

CalOMS Field Readiness
Region Meeting – November 18, 2003
Redding Meeting Notes

Follow-up Items for ADP

- Counties requested clarification on requirements for adolescents.
- Counties need clarification on DMC billing for extended data collection.
- What are the consequences for non-compliance with CalOMS?
- Will future funding be impacted by county ability to perform follow-ups?
- Counties need information on the ASI as an outcome measure. It requires a lot of energy to gather and counties need information to justify the ASI to their stakeholders for buy-in. Examples: CalTOP findings, existing research, etc.
- Clarification on decision on 9 months as the timeline for follow-up. Counties are concerned that ADP should examine length of stay for treatment statewide.